Lesson 48 - How To Break A Fast; After The Fast

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1. The Great Day

I learned that a man emerging from a long fast should not be in a hurry to regain lost strength and should also put a curb on his appetite. More caution and perhaps more restraint are necessary in breaking a fast than in keeping it.
—Mahatma Gandhi

When the Great Day arrives, there may be a tendency to feel that the battle has been won, the struggle is over, the problem has been solved. From now on it's "enjoy, enjoy!" Both the fasting supervisor and the faster, with a great sense of relief that the waiting and the denial is at an end, want to get the faster back to the routine and joy of living as soon as possible. And what's the best way to do that? Why we must put some flesh on that scrawny body—we must feed and nourish him back to his normal size and strength. He's been denied long enough. Now we can make it all up to him!

Whoa! The end of the fast is only the beginning of the transition to normal living.

1.1 A Critical Period

Adequate, knowledgeable supervision in breaking a fast may be even more critical than the supervision in conducting a fast.

People who have been fasted for serious pathologies have an even more important period to undergo. What has happened during the fasting period is not nearly as important as what will happen when food is restored. And, if serious mistakes are made during this period, the consequences may be unpredictable, up to and including negation of the potential benefits of the fast, or—though extremely rare—losing the life of the patient.

1.2 When to Break the Fast

The decision as to when to break the fast is, of course, of major importance. The condition of the faster

must be assessed from day to day, and a decision made as to the continuation or termination of the fast. This decision should be a mutual one between the faster and the fasting-supervisor.

1.3 The Return of Natural Hunger

If the fast is continued to the return of natural hunger, certain signs will be manifested. The coated tongue usually clears, the mouth tastes fresh and clean, the foul breath disappears. A sense of rejuvenation and well-being are experienced. The desire (or actual craving) for food becomes compelling—and there is a real sense of hunger, which is a mouth-and-throat sensation.

True hunger is not an uncomfortable feeling, but one is conscious of an urgent, but pleasant longing for food. The abdominal sensations, or all-gone feeling, that we usually attribute to hunger, are caused by irritation. Most people have never experienced true hunger. It is possible that one may not experience true hunger at any time during the fast.

Sometimes the tongue does not clear completely, but the indications of the return of natural hunger are visible to the fasting supervisor and the fast must be broken—or starvation will begin.

It is said that the best time to break a fast is when nature gives these signals of the return of true hunger. It is impossible to know in advance just when this will occur. *The fast must never be prolonged beyond this point*.

1.4 Premature Termination

Premature breaking of the fast is also undesirable—breaking it at any time before the return of true hunger is considered premature. Premature termination of a fast may sometimes result in unpleasant consequences. The patient may experience unfavorable reactions when food is offered, and be actually unable to tolerate the food. Or, a succession of unpleasant symptoms may be experienced for a few days. The fast may actually have to be resumed and terminated at a later date.

Most fasts are broken prematurely. Although the return of true hunger is considered to be the ideal time to break a fast, and Hereward Carrington maintains that it is actually dangerous to break the fast prematurely, it must be recorded that most fasts are broken prematurely (before the signs of true hunger). I (and others) have observed that usually, if care is exercised in the gradual return to eating, no great harm or serious problems are experienced. Actually, the phenomenon of the return of true hunger is seldom seen.

The majority of fasts are broken "prematurely" for various reasons. Fasts are terminated because of time limitations (the faster must return to work, or to other duties; or he cannot "afford" to stay at the fasting retreat for an indefinite period). Or the body may signal that its vital energy and resources have been depleted to an extent dictating the cessation of the fast (the fasting supervisor must be qualified to recognize these signals). Or the faster may have come to an end of his or her forbearance—mentally or emotionally. These considerations emphasize the importance of professional supervision of the fast.

1.5 Length of Fast Not Determined in Advance

When a fast is undertaken, it is best not to try to determine its length in advance. One should go along from day to day, without setting a definite time limit. It is best to determine to fast as long as necessary, so that the goal may be achieved.

Dr. Alec Burton says, "Some believe that a particular disease, e.g., gastric ulcer, requires a two-week fast, and that the length of the fast is in some way determined by the disease, whether arthritis, asthma or colitis, etc. This is not a consideration. We are concerned only with the requirements and capacities of the individual and not the 'disease' and its treatment. It should be apparent that the only person in a position to make a sound judgement about the length of the fast is the doctor in charge of the case."

Yet it must be acknowledged that there is a certain amount of validity to setting goals when fasting for the remission of certain pathologies, since experience has indicated that such remission usually requires a certain minimum number of fasting days. The professional Hygienist, while not infallible, is qualified to make such predictions, such "educated guesses," so that the faster usually has some idea as lo whether a short- or long-term fast may be necessary.

Although there is virtual consensus that fasting to completion has the best potential for producing optimal results, and that premature termination of a fast may make subsequent fasting necessary, some qualifications must be considered. As previously indicated, there are other unmistakable signs that it is time to terminate a fast, for physical, physiological, mental or emotional reasons—and these signs must be heeded.

Dr. Burton says, "Hunger usually only occurs in the very long fast and then only with the almost complete exhaustion of the nutritive reserves. However, it is something that the practitioner should not rely on too much, as it is entirely subjective and there are many questions unanswered about it. Furthermore, because people have never experienced 'true' hunger (i.e., the sensation that is said to accompany the exhaustion of the reserves), they really do not know what they are looking for. Many people say that they do not know whether they are hungry or not. Because hunger is subjective, it should be evaluated in conjunction with the more objective phenomena. For instance, hunger is invariably accompanied by a flow of saliva, whereas a dry mouth is inconsistent with hunger."

1.6 Don't Terminate a Fast During a Crisis

It is not advisable to break a fast while the patient is experiencing a crisis (a period of acute discomfort). It is important to let the crisis run its course before deciding whether it is time to terminate the fast.

A fasting crisis is the manifestation of a symptom, or group of symptoms, during the course of the fast. Such crises may be the manifestation of the release into the bloodstream of the (often morbid) stored by-products of metabolism, producing temporary irritation in various parts of the body. Fasting crises may sometimes be indication of remedial processes and the body's manner of initiating a correction.

Most fasters experience no crises during the fast. Some may experience one or two mild and fleeting incidents, which may run their course in an hour or two. The cleansing processes initiated by the fast are not usually of a violent or disagreeable nature. Most of the excretion of toxic materials is carried on without any discomfort or inconvenience. Extremely toxic individuals may expect to experience some discomfort—which is an indication that they were greatly in need of a fast.

Various crises have been noted in observing thousands of fasts—headaches, nausea, vomiting, skin eruptions, and others.

Headaches may appear early in the fast, and, except in some unusual cases, disappear in a day or two. Nausea and vomiting (or, sometimes, nausea without vomiting) occur in about 10% of patients, sometimes in the early stages only,, sometimes continuing for longer periods. If vomiting persists, dehydration may be a threat (especially if the faster cannot retain water), and it may be necessary to terminate the fast. In some cases (extremely rare), diarrhea accompanies vomiting, resulting in great fluid loss, and the fast must be terminated.

If pain is being experienced, the fast should not be broken until the pain subsides (as it usually does, in short order). It is best not to break the fast until the day after such pain is experienced. As a general rule, wait until well-being and comfort return before breaking the fast.

Sometimes (though this is infrequent), a mild malaise (a borderline nausea) will continue throughout the fast, and will not disappear until the person resumes eating. Obviously, this type of continuous mild malaise would not be a contraindication to terminating the fast, if such termination appears to be advisable.

Some people need very little sleep during the fast, but a return to eating soon results in a need for more

sleep. Some people do sleep a great deal, especially during the first week or so of a prolonged fast. The body does not deprive itself of needed sleep.

Some toxic individuals experience a rise in temperature during the fast. Usually the temperature, pulse rate, and blood pressure are lower soon after beginning the fast. The heart rests, and there is a slowing of circulation. After the first week or so, weakness and dizziness are often experienced, concurrent with the inevitable loss of weight.

Dr. Burton says that the weakness experienced by the faster is "essentially a locomoter weakness—a weakness in the muscular system and the organs of locomotion. It is not a weakness in the vital organs." The energy of the organism is being diverted and utilized for detoxification and healing. Under these conditions, the muscles don't need the energy—they can wait for the time being.

Dr. Herbert M. Shelton says, "It seems that often (during the fast) there is a pooling of blood in the abdomen. There is less blood in the brain, although thinking is clear. Under these circumstances, to arise quickly from the horizontal position to the vertical, may result in dizziness and even fainting because the adjustment of the circulation in the head is not as rapid as the speed with which the change of position is made. To avoid possible fainting, which may occur in occasional cases (although it is of no consequence), one should arise slowly. Instead of forcing your organism, come slowly to a sitting position, sit on the side of the bed for a brief time, and then slowly rise to a standing position."

After eating is resumed, the weakness and dizziness gradually disappear—say, in about a week or so, concurrent with weight gain. The precautions about gradual change of position, and continuation of bed rest, should continue until these conditions improve.

1.7 Why Caution Is Necessary in Terminating Prolonged Fasts

There is a broad range of opinion as to the best method of breaking a prolonged fast—but all the experts agree that the reintroduction of food to the fasting organism must be gradual.

It must be understood that the fasting period, and the subsequent return to eating, has necessarily subjected the organism to two extremely stressful situations, within a relatively brief period of time.

When food supplies are stopped, the body does its best to adjust to the new conditions. The digestive organs are no longer required to perform their usual functions, and virtually cease to exercise them. No signals are forthcoming for the secretion of gastric enzymes and juices, or for the normal secretions in the intestines.

Without food to keep it expanded, the stomach contracts; the intestines and colon do the same. Bowel movements usually cease altogether after the first few days of the fast; although, sometimes, when debris is trapped in diverticula in the colon, it is gradually expelled, as it is "squeezed out" as the walls of the colon contract; in this case, small bowel movements may continue for a week or longer. In some colitis patients, who have been experiencing acute diarrhea, the diarrhea (at a reduced rate) may continue for a time during the fast.

In any event, the organs of digestion are almost completely at rest, while other organs and processes take over and work overtime. The organs of elimination initiate a heroic cleansing operation, through the urine, the lungs, (he mucous membranes and the skin (and sometimes, as has been indicated, through continuing bowel movements).

The organism mobilizes its reserves, so that the functioning organs and tissues continue to receive nutriments. Surpluses of stored materials in the body are utilized for this purpose. The vital tissues are nourished first from the food reserves in the digestive tract (where there is usually a three-day supply), and then the fat, deposits, and abnormal growths are broken down, so that the nutrients may be salvaged and absorbed, and wastes eliminated—by the process of autoloysis—the disintegration of tissues by the body's own enzymes. This is a normal part of physiology, but is speeded up and enhanced by fasting. The wisdom of the body is its own safeguard, and it uses first and least important stored materials; the

essential organs and tissues of the body, such as the heart, nervous system, lungs, and other vital parts remain intact, and no cells are lost.

All of the resources of the organism are mobilized for this metamorphosis, and the body strives to utilize and maintain its available energy to perform the cleansing, nourishing, and healing functions initiated by the withholding of new food supplies. The organism proceeds in an orderly manner, always in the same direction, every part of the body cooperating for the preservation of life and for cleansing, nourishing, and healing.

When the last is broken—particularly when it is broken before the return of true hunger—the body is subjected to an even more stressful situation than that which occurred when the organism was forced to adapt to the cessation of feeding.

The body has temporarily lost its ability to digest food in the usual manner. When foods are again offered to the organism, it must be given an opportunity to gradually regain, its power of normal function. The longer the fast, the more care that is required in the method of its termination.

Methods of breaking the fast are designed to restore, intestinal function and reactivate digestive faculties which have been resting. The body must make changes and adjustments in physiology, to accommodate to the new situation.

If the first food is of such a nature that the organs are not able to handle it, the patient may become nauseated and vomit the food. This violent reaction can cause mental and physical harm; and the fast must be resumed, at least for a day or so longer, perhaps even more.

As a rule, however, the first food is welcomed and tastes delicious. If it is freshly-squeezed orange juice, or fresh fruit, it usually tastes like nectar or ambrosia, and the faster looks forward to the next meal with anticipation and delight.

If the wrong kinds of food are offered, perhaps the patient may enjoy the food, but there may be little or no digestive response, and the food may decay or ferment. If peristaltic action to move the food along the digestive tract is absent, impaction may occur, with the possibility of uncomfortable constipation.

As previously indicated, opinions differ as to the one best method to break a fast, and it is probable that there is no one best method. After a prolonged fast, only an experienced fasting supervisor is qualified to offer the first foods and to observe the reactions of the patient, and to modify the method, whenever indicated. This must be emphasized: the care that is necessary in breaking a fast is in proportion to the length of the fast and the condition of the faster.

Dr. Shelton says, "Almost every advocate of fasting has evolved his own techniques for breaking a fast. There seems to be a tendency for each man to assume that his own techniques are best. There may be several techniques, each one of which is as good as the other. The chief requirement in breaking a fast is to use simple, wholesome food and feed this in keeping with the limited digestive capacity of the faster. Time is required for the digestive secretions to begin to be produced in normal amounts and, until they are secreted in normal quantities, the ability to digest food is limited."

1.8 Examples of Methods of Terminating Prolonged Fasts

Some of the foods and methods that have been used in breaking prolonged fasts include:

Dr. Allan Cott, in *Fasting As a Way of Life*, page 27, advocates mixing a pint of boiling water with a pint of grape, orange, or apricot juice, and having the patient sip two or three teaspoons of this mixture every ten to fifteen minutes throughout the day, finishing the full quart by bedtime. The second day he gives up to a quart of undiluted juice, four ounces every two hours. The third day he gives whole fruit; the fourth day salad and some cooked food.

Dr. Otto H. F. Buchinger breaks the fast with apples, later (the next day) followed by salads and cooked food.

Paul Bragg breaks the fast with cooked tomatoes, later (the next day) followed by salad and cooked food.

Some fasting supervisors advocate breaking fasts with vegetable broths, especially for people who have been fasting for severe digestive problems (such as ulcerative colitis), followed in due course by small amounts (if tolerated) of salads and fruits.

Other foods are also advocated and used for breaking fasts, but they are so far removed from Hygienic concepts that I will only refer to them very briefly (flesh foods, milk).

Years ago, I heard a lecture by Dr. Theron Randolph, a renowned Chicago allergist, who fasted his patients for five days, and then experimented with offering various foods to determine the offending foods causing the "allergic" problems. He said that he usually broke these fasts with lobster! His rationale was that people usually become allergic to foods which they eat habitually, and this is not apt to be the case with lobster. He used lobster to break fasts in order to guard against allergic reactions from the first food offered. This is, of course, a far cry from Hygienic methods and principles.

Breaking fasts with sandwiches, popcorn, lobster, and a variety of difficult-to-digest foods may or may not cause overt negative reactions, but they will certainly add to the stress of an organism which can ill afford it. None of the above methods are utilized by Hygienic fasting supervisors, with the exception of the vegetable broth method, which is sometimes utilized by Hygienic professionals in certain unusual cases.

1.9 Hygienic Methods of Terminating Prolonged Fasts

For many years, Hygienic fasting supervisors have been breaking fasts with fresh, uncooked fruit juices or vegetable juices. Fruit juices have been most commonly used. Orange juice is generally preferred.

Some use four ounces of unstrained, undiluted juice for the first feeding—some strain and dilute (with distilled water) the first juice, strain (but not dilute) the second feeding, and give the unstrained, undiluted whole juice for the third feeding. Some give four ounces every hour, or eight ounces every two hours for the balance of the first day (the first two feedings having been four ounces each, one hour apart). If, as sometimes happens, the person becomes satiated after five servings, the frequency is curtailed. Some give eight ounces every three hours after the first two feedings, and a whole orange for feedings every three hours for the next day or two.

Dr. Vetrano has changed from juices to whole fruit for breaking most prolonged fasts. She serves one-half orange every two hours the first day; the second day a whole orange every two hours. Or she varies the second day by serving one piece of a different fruit every two hours—six servings. She sometimes breaks fasts with tomatoes for those who desire not to gain weight. For people with a history of digestive problems, she may still break the fast with juices.

Dr. Vetrano believes that good bowel action is established sooner when breaking fasts with solids rather than juices, and that most people prefer the opportunity for chewing.

Whether the first food is liquid or solid, it should be "chewed" or well insalivated. During the post-fasting period, proper mastication is extremely important to avoid overtaxing the digestive system at a time when it is under stress to regain its full-functioning capacity.

Dr. Shelton says he sometimes uses a warm vegetable broth to break a fast, in those rare instances when the faster has difficulty with raw juices.

Whenever the individual feels unable to take the amount offered, amounts may be reduced, or the feeding skipped.

Dr. Shelton says that on the third day the faster may be given an orange for breakfast, two oranges at noon, and three oranges for the evening meal. The fourth day a variety of foods may be given, such as melon or grapes or other fruit for breakfast, other fruit for the noon meal, and a vegetable salad for the

evening meal, with a cooked nonstarchy vegetable, if desired. Dr. Shelton says that, beginning with the fifth day, a protein should be taken daily with the vegetable meal. He says that, after a few days, a cooked starch may be taken with the vegetable meal on some days, instead of the protein, if desired. (See subsequent discussion in this lesson relative to the inadvisability of offering cooked food so soon, unless absolutely necessary.)

My own experience and preference is for four ounces of strained, diluted orange juice for the first food. If well tolerated, four ounces of strained, undiluted juice is given an hour later; and eight ounces of whole (unstrained, undiluted) orange juice two hours later. Two or three hours later, one or two whole oranges are served, and again in three hours.

The second day—whole fruit at three-hour intervals; the third day—two or three small fruit meals, and a small salad in the evening, if desired by the faster—otherwise, continue the fruit. I do well on this regimen, so does my husband.

I like to start with diluted and strained juice to reduce the possible hazard of the insufficient mastication of the tough connecting citrus membranes; also, to reduce the acidity of the first juice.

I like to break a fast in the morning, but there is no compelling reason why a fast may not be broken at another time during the day, especially upon the return of true hunger. I like the morning best because of the opportunity to offer several "meals" before bedtime.

Some fasting supervisors recommend more stringent regimens, and some more generous ones. Arnold De Vries recommends five days of juice after a thirty-day fast, but qualifies this as a general guide.

2. Easing Into A Varied Diet

Some people can be eased into a varied diet sooner than others—the fasting supervisor makes this decision, based on how the individual reacts. Most people are able to take only very small quantities of food for several days, and they should be given no more than they can comfortably handle. They are usually satisfied with small quantities of food at the outset, and, in truth, only small quantities are required.

The reason the faster is unable to take larger amounts is because the stomach has contracted during the fast. Some fasting supervisors serve four small meals daily for a week or more, to enable the individual to regain weight and strength somewhat faster: breakfast, lunch, dinner, and a small evening fruit snack.

Dr. Shelton says that by the end of the first week, the faster should be able to take normal amounts of food.

2.1 Overeating After the Fast

Some people soon demand large quantities of food to compensate for previous restrictions. Those who have a tendency to overeat after the first few days of eating should, of course, be restrained. Constant overeating will again distend the stomach, after which the person does not feel satisfied unless he eats to fill the distended stomach. Those who are allowed to eat too much may find that the overeating may delay the restoration of the body's normal ability to digest the food comfortably.

Most people have no digestive problems after a fast (if the fast is broken prudently)—some do have them, even if they have not been conscious of digestive problems in the past. Dr. Vetrano says that most people come for a fast with a slight inflammation of the digestive tract, whether or not they know it.

Such people are well on the road to making themselves sick all over again, if they are allowed to overeat in the initial period following the termination of the fast.

Charles W. Johnson, Jr. (*Fasting, Longevity and Immortality*) says that if a "monster of appetite" is turned loose after the fast, it becomes very difficult to control, resulting in a loss of much of the fasting benefit, as well as the probability of significant harm. Listening to the appestat at this time may misguide you.

Those who are very thin and slow to gain weight should ignore their weight. Gaining strength and restoring efficiency of body function is much more important. They should not overeat and try to eat fattening foods. They should be satisfied and accept the gradual weight gain that will surely come at the proper time. Even if one is gaining only a pound a week, that is twenty-six pounds in six months. In any event, the weight will stabilize in time.

Dr. Shelton says, "After a fast of considerable length, there is a period of several days, lasting up to two weeks, during which the individual feels hungry most of the time. If not carefully guided, he is almost sure to overeat. If he will control his eating until this initial period of hunger has passed, he will settle down to a more normal appetite and the danger of overeating will pass.

"Uncontrolled, he may eat so much during this period that he loses much that he gained in the fast. One important advantage of fasting in an institution is that control continues until the normal eating level is stabilized. In such an institution the patient's diet is carefully supervised; he is not permitted to overeat. At home, he must be a more self-disciplined man than the average if he is to avoid overeating."

Dr. Shelton also says, "The animal breaks his fast on whatever food is available at the time he resumes eating. On the whole, animals seem to be better controlled than man. They are not inclined to glut themselves when they break a fast, but may take but a small portion of food in doing so. A dog that has fasted for nearly a month, for example, may take but a few sips of milk at a time and may refuse all flesh for the first four to six days, after he resumes eating. If man's intuition was still as reliable a guide to eating as is that of the animal, I doubt that we would need to supervise the breaking of a fast." If possible, one should try to stay at the fasting retreat long enough to gain enough weight to look "presentable", to family and friends, if one is very thin. If not possible, it' is best not to worry about it. The family and friends will gradually observe the new bloom of health as the months go by.

Many people who had been chronically underweight before, the fast experience such an improvement in assimilation after the fast that they achieve a more normal weight by the lime the weight stabilizes. This is due to the increased ability of the cells to take up and appropriate nutrients, which always results from fasting. *Weight gain is often less effective after sickness*, because of damages from toxins and drugs.

Upton Sinclair, in *The Fasting Cure*, maintains that after a fast we "bounce" back to our "ideal" weight, sometimes less and sometimes more than the prefasting weight. Upton Sinclair changed himself, after several fasts, from a very thin "ectomorph" to an athletic "mesomorph."

On the other hand, people whose target is weight loss may be significantly benefited by fasting. Dr. Edgar S. Gordon of the University of Wisconsin Medical School, says that people who gain weight easily probably have a low metabolic rate. They convert glucose to fat much too rapidly and don't produce enough available energy. Dr. Gordon's experiments with animals suggest that a fast may "break the metabolic block," producing subtle endocrine changes that make food assimilation more efficient. A report in *Lancet*, a British medical journal, supports the view that hormonal changes brought about by fasting may continue to promote weight loss even after eating is resumed.

This does not consistently happen in all cases of obesity, but it is an important potential benefit of fasting for weight loss. Of course, nothing in the world will keep weight off if the individual resumes gluttonous eating habits.

Fasting does lead to a new awareness of the difference between hunger and appetite, and reeducates the taste buds. If the faster can be helped over the initial critical period, he can achieve an alteration in his

eating habits. Many people come off the fast with a passion for fresh fruits and vegetables. A 1976 *British Medical Journal* report says almost all fasting patients "admit to a radical change in previous eating habits."

Although a fast does, for the most part, put appetite into alignment with the body's *real* needs, Dr. Allan Cott says (*Fasting As a Way of Life*, p. 25), "The wise person eases into a sensible refeeding program. Easy does it if you want to continue feeling wonderful. ... In effect, the body is reeducated by a fast. It 'unlearns' habits of overeating and 'polluting.' It is 'born again.' It inclines toward a natural state. It wants only as much food as is required for maintenance. It prefers the kinds of food that are natural to the taste and harmonious to the digestive system." He cautions that you should adhere to a careful refeeding schedule for the same number of days you fasted. If you do this, "the likelihood is that, when you return to a regular eating pattern, you will be eating more selectively and austerely, which is all to the good."

Alter about two weeks, or perhaps a little longer, the feeling of being hungry all the time tends to disappear, if the "monster of appetite" has been kept under control.

2.2 Permanent Control of the Eating Program

Dr. Cott says that after fasting, there is a much better chance for permanent control of the eating program than after any diet. He says, "The system now wants to reject food in excess of the needs of the body. You should now be able to gain a new perspective on food and a new relationship to food that can keep you from overeating or from eating undesirable foods. Fasting and a sensible refeeding program have led to this desideratum."

Dr. Cott also says, "After a long fast the palate is restored to pristine purity. It prefers the taste of foods that are simple and whole and natural. It tends to reject processed and fragmented foods, as well as alcohol and tobacco."

Dr. Shelton says that if fasting is being used for the alleviation of a chronic disease—even if the patient has undergone only a short fast (less than fourteen days)—it is usually desirable to utilize an eliminating diet for a period of time after the termination of the fast, perhaps for as long as a few weeks. An eliminating diet is a diet low in proteins, carbohydrates, and fats, which causes the cells to use stored reserves to meet their requirements. During such a diet, the body can eliminate toxic matters and accumulated wastes, but never as well as during a fast. Obviously, an eliminating diet would not be recommended if the person had previously fasted to completion.

2.3 Eat All-Raw Food As Long As Possible

When the individual progresses to a varied diet, a variety of *uncooked* foods may be eaten. Even if the person intends to return to the use of some cooked food, this should be postponed as long as possible.

Careful management of the food program should continue for at least two to three weeks after breaking the fast. The fragile situation in the body is only gradually eliminated, as the digestive system slowly returns to its normal efficiency.

Some extremely debilitated or anxious individuals are impatient with their slow and gradual regaining of strength and weight, and find it extremely difficult to stay on all-raw food. In such cases, it might be advisable to allow small amounts of cooked food, at the evening meal only.

But it is really much better to eat moderately of good, whole, raw food, and efforts should be made to allay the misgivings of the post-fasting individual. Adaptations are being made, and will be accelerated by the higher quality of the whole raw food.

During this period, it is extremely beneficial to stay on the all-raw-food diet, if at all possible. The longer the all-raw-food diet is maintained, the better start the person will have. One should refrain from polluting the relatively clean bloodstream with the pathogenic debris of cooked food indefinitely, if

possible.

After the fast, the body needs whole, raw food, and will not welcome cooked food, in which all of the enzymes have been destroyed, along with many of the vitamins and minerals. In addition, the amino acids and fats have been changed and made less digestible and sometimes toxic, and the balance of nature has been altered.

An optimal diet of whole, unprocessed foods is especially important for the first, few weeks (or even months) after the fast, when the body is regaining normal weight, and new protoplasm is being built.

The body chemistry is basically determined by the foods that are eaten, though other factors, (exercise, sunshine, fresh air, etc.) have some influence. While the causes of disease include chemical, bacterial, mechanical, and mental factors, chemistry dominates the efficiency of the physiological functions of the organism, other factors being secondary to the chemical condition of the body.

The complex chemical balance of all food nutrients is altered by heating, and it has consistently been demonstrated that superior tissue, and superior health, result from a diet of uncooked food.

Remember that the nutrients available in raw food exceed those in cooked food by several hundred percent, and after a prolonged fast, this is a critical time to decide— with what quality of tissue will you replace the tissue you have discarded?

The faster and the fasting supervisor should make this decision cooperatively, always with the thought in mind that the faster has already made a tremendous investment, which can be either safeguarded or threatened by the post-fasting food program.

2.4 Protein Needs After the Fast

After a prolonged fast, a slightly greater amount of protein than usual may be necessary, *if not in excess of the digestive capabilities of the body*. Immediately after a prolonged fast, the body cannot handle a large quantity of protein foods.

Concentrated proteins are more difficult to digest than other foods, because they are the most complex of all the food elements, and their breakdown and utilization are most complicated. The body can utilize only a limited amount of protein in the immediate post-fasting period.

Dr. Shelton says, "Nothing is to be gained by overfeeding following a fast. The hurry to gain weight and strength causes many to demand excess quantities of protein, thinking that protein is utilized in direct proportion to the amount eaten. In *The Nutrition of Man* (1907) Professor Russell H. Chittenden of Yale University, detailing his experiments covering the establishment and maintenance of nitrogen balance at many levels of nitrogen intake tells us: 'The fasting man having lost largely of his store of protein can replace the latter only slowly, even though he eats abundantly of protein food. ... The human body does not readily store up protein and this is true no matter how greatly the tissues are in need of replenishment. Overfeeding with protein does not lead to corresponding results, owing primarily to the peculiar physiological properties of protein; its general stimulating effect on metabolism, the tendency of the body to establish nitrogenous equilibrium at different levels, and the fact emphasized by van Noorden that flesh deposition is primarily a function of the specific energy of developing cells. ... It is generally considered as a settled fact, that in man it is impossible to accomplish any large permanent storing or deposition of flesh by overfeeding. Similarly, it is understood that the muscular strength of man cannot be greatly increased by an excessive intake of food. ... We may call attention to the well-known fact that in feeding animals for food, while fat may be laid on in large amounts, flesh cannot be so increased by overfeeding."

Shelton continues, "It is obvious that there is nothing to be gained by the excessive intake of protein, following a fast. The body can make use of only so much protein in the post-fasting period, and must excrete all unused protein. ... Nitrogen retention is increased both by mineral and by carbohydrate intake and it is more important that the diet contain adequate quantities of these than that it contain an excess of

protein."

2.5 An Interesting Phenomenon

An interesting and probably significant observation made by Charles W. Johnson, Jr. in *Fasting, Longevity and Immortality*, page 26, pertains to a fact (which I have often observed) that, subsequent to a fast, more weight may be gained than can be accounted for or justified by the amount of food that had been eaten. It is usually maintained that it takes three thousand accumulated calories to gain or lose a pound, and I have observed that this is far from a consistent result, either when fasting or eating.

Johnson says, "My notes show that I broke my forty-day fast on March 28, 1964, but four days before, on the thirty-sixth day of fasting, I put in a hard day's work getting the garden ready for planting. From March 22 to 28 my weight stayed at 135-136 pounds. This brings up what may be the most important mystery of fasting.

"We can calculate the energy that is needed to keep our heart, breathing mechanism, and brain functioning. Adding in a little for minimal physical activity, we can conclude that a moderately inactive faster should lose almost a pound of weight per day. That is, in the absence of food to burn for energy, the body must burn, or catabolize, almost a pound per day of its own weight to 'keep going.' During most of a fast this is a typical weight loss figure.

"Nevertheless, here I was, near the end of a forty-day fast, feeling more energetic than earlier in the fast, doing more physical work, and losing *no* weight! Impossible, of course, and I foolishly ignored the fact —the absence of weight loss—assuming it to be the result of faulty measurement or observation. (How often we scientists miss something important of this sort simply because we *know* it is impossible and therefore *refuse* to notice it.) Subsequently, however, I read that others had noted the same phenomenon, and in some cases with great concentration.

"There appears to be a clear-cut violation of a sacred law of physics here—the law of mass-energy conservation. Some mysterious source of energy is supplying its energy for our body's use."

Johnson says that after his forty-day fast, he realized that he was not eating and drinking enough to justify his weight gain. "The violation of mass-energy conservation, manifest in the last days of the fast by lack of weight loss, was continuing now that I was eating. It was now taking the form of greater weight gain than my food and water intake could justify ... *surely important research remains to be done here*."

Dr. Cott says, "Once you resume eating, some weight gain *naturally* occurs. The body retains fluid, which translates into weight because of the sodium content in food. For a time after any fast, this will be more weight than is metabolically balanced for the amount of calories being consumed."

This may be a partial explanation for the phenomenon observed by Johnson (and others), but does not by any means completely account for the inconsistencies in weight loss and weight gain and their relationship, to the calories consumed.

2.6 Beware of Cooked Food and Other Compromises

For those who do eventually return to a varied diet which includes cooked food—be on your guard! Compromise may follow compromise and you may find yourself back on the same destructive path that led to your problem which necessitated the prolonged fast.

A return to your old habits may negate all you have done and start you back on the downward path. This is the time to reinforce your decision to persevere in Hygienic living, and experience even greater health improvement in the years to come.

It may be as much as a year before you consolidate your gains and evolve into the health and strength you envisioned when you undertook your fast. But it will surely come to pass if you continue to study

Natural Hygiene and *live* in accord with your natural requirements.

Those who do use some cooked food must be ever wary of going too far. Once you cross over from nature's most perfect foods (raw and unchanged), it is all too easy to make this exception and that—desserts, processed foods, etc.

If you will be eating *some* cooked foods, wait as long as possible after the fast to start, and then:

1. Reserve at least some days for all-raw food.
2. Never eat cooked food more than once in a day, as part of a meal starting with a large raw salad.
3. Be certain that your overall diet includes no more than 20% of food that is not whole and raw—preferably no more than 10%.
4. Be very strict with yourself—at least during the first year after a prolonged fast. If some of your symptoms return, be sure to immediately "back up" and keep as close to an all-raw-food diet as you can possibly manage.

3. Symptoms After The Fast

Sometimes fleeting symptoms will occur or recur for a short period after breaking a prolonged fast. Some people experience mild sore throats, canker sores in the mouth, edema (usually slightly swollen ankles). Sometimes there is a mild recurrence of the original problem—or a very temporary painful episode.

These usually are manifestations of the organism's efforts to affect necessary adjustments during the period of transition from the fasting state to the necessity for processing renewed food supplies.

No palliation of such symptoms should be attempted, and *it is not necessary (nor advisable) to start fasting again at this time*. Get a lot of rest, and continue eating carefully, *preferably all-raw food*, and these symptoms will gradually recede.

4. Transition To Rational Living

Usually the transitional period is not really difficult—most of the time there are no real problems.

The first bowel movements may be normal and easy—they are usually very dark and malodorous, gradually changing to a normal color and losing the foul odor. If you experience some difficulty, don't strain or worry—tell your fasting supervisor, who will help you.

After you resume eating, your bowel movements will probably be quite soft, but will gradually progress to the normal consistency.

After a few meals, the faster begins to feel better, and may experience a sense of euphoria. S/he is so happy to have successfully culminated the fast—so happy to be enjoying the pleasures of food again. There may be delusions of returned strength and well-being, and the desire to do something foolish, like indulging in strenuous activity. But, actually, the dizziness and weakness retreat only gradually. One

must come back slowly. The body will appreciate being allowed time to gradually adapt to the new situation.

Johnson says that the miraculous power of the fast produces "unquenchable exuberance" and enthusiasm for life, especially for a period immediately after breaking the fast. He says, "The gourmet does not know the true feeling of tantalized taste buds until he has broken a fast of at least several days on any simple food." All fasters and all fasting supervisors will agree with Johnson's eloquent expressions of the euphoria experienced after the fast.

If one has not fasted to completion, the tongue will gradually clear—it usually takes several days (sometimes longer) to eliminate the coated tongue and bad taste.

Dr. Shelton says, "Bed rest should be continued through the first week of eating and activity begun very gradually. It is common for the faster to want to become active as soon as he resumes eating. This is unwise. He is not so strong and he does not have the endurance he thinks he has. Some fasters want to take long walks as soon as eating is resumed. Such activity is often indulged in to the extent that it retards recuperation and causes the individual's weight to stand still. One must take it easy for a few days before becoming normally active."

As vigor gradually returns, one should begin—cautiously at first—taking short walks, and some easy exercises. It is very important to gradually build up the capabilities for vigorous exercise, in accordance with the condition of the body, as this will assist restoration of the normal digestive ability.

The ability to process and assimilate food will be greatly enhanced following a fast and its proper termination, and after an initial period of adjustment. Resting after each meal will also greatly enhance digestion, weight gain, and renewed vigor.

5. Drugs And Other Poisons

Very important! It must be remembered that drugs and other poisons are a greater threat after the body has been cleansed by a fast, because the "calluses" are gone. The tolerance level has been lowered—the body no longer tolerates toxins and will react strongly for their elimination.

When the individual was tolerating toxins, he (or she) was developing disease and gradually killing himself. A lower tolerance level is a tremendous step forward, but it leaves one more vulnerable. So it is important to stay out of hospitals and stay away from drugs and all other toxic materials. Avoid smokers, carbon monoxide fumes, and polluted air to the greatest extent possible.

It is, of course, not necessary or advisable to use food supplements after the fast, nor at any time. After the fast, it is even more important not to burden the cleansed body with such questionable substances. The body is apt to react violently to their use and, even if it does not, the organism is subjected to the necessity for breaking down these substances, attempting to utilize whatever nutrients are present, and eliminating the excesses and waste products. The resultant stress and expenditure of energy is often more than can possibly be obtained from the pills.

It is true that, following a fast, there is an urgent, an imperative, need for proteins, minerals, and vitamins—not from pills or powders, but from whole natural fruits and vegetables and from raw, unsalted nuts and seeds. These contain all of the nutrients, in the best and most available form.

After the fast, one should learn to live in such a manner that the low tolerance level will be retained. Toleration of toxins interferes with the normal functioning of the body, inevitably leading to the first

stage of toxemia (enervation, lack of sufficient nerve energy) which is followed later by disease and death of tissues.

6. Take It Easy!

After returning home, one should not be in too much of a hurry to return to the full schedule of responsibilities and obligations. One should resume activities gradually; get plenty of rest and eat carefully, so as not to dissipate the benefits that have been achieved. The investment in health will not pay off if one does not "follow through."

7. Fasting Does Not Make The Body Disease-Proof

The fast is but the first step in combating disease and must be followed by correct living. People who have suffered from chronic degenerative ailments should never make the mistake of trying to keep one foot on each side of the fence that divides the conventional and Hygienic rationale. After the prolonged fast, they should never regress to conventional eating patterns or return to the "prevention syndrome" of health management, lest their problems return.

It is difficult to imagine that anyone who has experienced the wonders of a prolonged fast could ever be persuaded to turn away from Natural Hygiene, for such a mistake could be serious, perhaps disastrous.

The principles of Natural Hygiene and the use of fasting are grounded in the study of cause and effect. Remove the causes of ill health by Hygienic living and the effect will be improved health. Remove the accumulated effects of previous irrational living (by fasting), and the body will tend toward healing and rejuvenation.

Fasting does not insure the body against disease. It is true that some symptoms and manifestations of disease disappear during the fast and do not return. But there are some diseases that have a tendency to return swiftly after the fast if the faster returns to the old habits which caused the disease. Much depends on the type, extent, and gravity of the degeneration, and on the strength and vitality of the individual.

During the first weeks or months—perhaps even during the first year or two after a prolonged fast, the mode of living and eating may be critical in the preservation of the health improvement which has been achieved.

8. Compounding The Benefits Of The Fast

If Hygienic living is maintained after the fast, the benefits of the fasting period will continue to be noted for weeks, months, and even years after the termination of the fast.

The relationship between fasting and nutrition must be recognized. Recovery from a pathology can often be accomplished through fasting, but permanence of the recovery is dependent on the subsequent mode of living, particularly the food program.

Some people accept the fast as a more or less dramatic and drastic necessity—but think of it as a cure-all, after which all their problems will disappear.

Subsequent to my 29-day fast in 1967, my unrealistic expectations gave rise to a feeling of disappointment. I expected to experience perfect health immediately. Actually, it was not until a year had elapsed that I realized the full consequences of my fast, and knew the fullness of the miracle that had occurred in my body.

Years later—in 1979—I had a similar experience. I had been bothered with a slight but persistent pain in my side for almost two years. Although I had been fasting thirty-six hours twice monthly, and had taken several three- and four-day fasts, the slight pain persisted.

Then I decided on a longer fast but, because of time limitations and prior commitments, I broke the fast after nine days. (You see, I am subject to the same pressures and human failings that I may deplore in others. Ideally, I should have fasted longer, possibly even to completion.)

In any event, the small pain persisted during the fast, and subsequent to the fast. I was busy, and decided to ignore it for the time being, and really forgot about it most of the time.

About six months later, I suddenly turned to Lou (my dear husband) and exclaimed, "It just dawned on me—I don't have that pain in my side any more—and I don't know when it stopped!" It has never returned.

9. New Habits Must Be Formed

Fasting is a means of promoting health by eliminating the disease-causing conditions—by cleansing the body of accumulated toxins and allowing it to heal itself.

Perverted appetites can be normalized by fasting, but new habits must be formed to supersede and overcome any pressures to return to the appetites that produced the disease.

The period immediately following the fast is the best time to form and maintain the habits that will give one the feeling of having been born again.

Dr. Shelton says, "The true remedy for all impairments of health is a complete correction of the way of life. When enervating habits are discontinued, the sick will begin to get well, and, once having recovered, to stay well unless the enervating habits are returned to."

The prolonged fast for the elimination of toxemia is but the initial preparation for a program for the restoration of good health. Health evolves out of correct living. The fast begins the reversal of the processes of disease, so that the self-healing powers of the organism may initiate the health-restoration

processes.

But the most important factor in the progress toward optimal health is making the necessary changes in the habits of living. Unless the change to correct living is made after the fast, there can be no permanent good health.

Never forget—Natural Hygiene is a way of life. Fasting is not a modality to be employed to correct uncomfortable symptoms, after which one may return to the mode of life that produced the disease.

Hygienic living, especially if complemented by the use of regular, short fasting periods, as an instrument of health maintenance is the best assurance and insurance for good health and longer life.

10. Questions & Answers

How soon after a prolonged fast could one plan to return to working full time?

> There is no way to give an accurate estimate of the lime required. The factors involved are the gravity of the pathology, the length of the fast, the physical condition of the individual, the rate of return to normal strength and weight, and the type of work. If the faster was obese, and fasting for weight loss primarily, that person would very likely recuperate very quickly. If the weight of the faster is quite low when the fast is terminated, it will obviously be necessary to allow considerably more time for recuperation. I would say that, after a 21- to 30-day fast, one should usually expect to need at least a month, and possibly two months or more, to be able to return to a full and demanding program. I have, however, known people who recovered full strength and vitality in less time. Essentially, it depends on the individual and other circumstances of the fasting situation, and is really more or less unpredictable.

How long after breaking a fast should one stay at the fasting retreat?

> Again, as for the answer to the previous question, there is not one general answer applicable to all cases. However, it is best to arrange to stay long enough to become established in the new eating program, and beyond the stage where one "feels hungry all the time." After a 21- to 30-day fast, two weeks of eating should be considered the minimum before leaving the retreat; if there are any unresolved problems, it would be best to stay longer.

Exactly what do you mean by fasting to completion, or the return of true hunger, and how many days of fasting do you estimate that would require?

> Fasting to completion, or the return of true or natural hunger, is considered to be a point at which the body has relieved itself of most of its toxic load, and has almost exhausted those reserves which can be utilized for salvaging nutritive materials. It is considered to be close to the point at which fasting ceases and starvation begins. The signs that this point has been reached are obvious to the fasting supervisor, and most of these signs are mentioned in the lesson. It is impossible to estimate how long this will take. I have known people who fasted 30, 40, and 45 days, with no signs of the return of true hunger. I even knew one very obese lady who fasted 92 days (after which she was still obese—she had lost 87 pounds) and there were still no signs of natural hunger at the termination of her fast. On the other hand, some of these signs have been reported at the end of 20 to 30 days of fasting, and even more at the

end of 40 to 45 days. The length of time it would take is essentially unpredictable, but it usually only occurs in the very long fast.

What is meant by nitrogenous equilibrium?

Nitrogen is the chief ingredient of protein, and every 6.25 grams of protein contains one gram of nitrogen. A protein deficiency, or negative nitrogen balance (where protein is being broken down more rapidly than it is being built) exists:

1. When the diet is not supplying adequate protein for maintenance and repair.
2. When the diet is deficient in some essential amino acid.
3. When the body is receiving an insufficient supply of carbohydrates and fats, and must deaminate necessary protein to supply energy needs.
4. When the body has lost its ability to properly digest, assimilate, or synthesize proteins.

Nitrogenous equilibrium (nitrogen balance) is normally maintained by a healthy organism which is receiving 25 to 50 grams of protein daily. A Hygienic diet, consisting mostly of raw fruits and vegetables, plus two to four ounces (maximum) of raw nuts and seeds taken 2-3 times a week, will adequately meet the protein needs of the body, and will result in nitrogenous equilibrium, unless a related serious pathology exists. In this case, a last may be necessary to reestablish the ability of the body to properly digest, assimilate, and synthesize proteins. If alternate sources of concentrated protein are used in addition to nuts and seeds (sprouts, cheese, legumes, grains), the amounts of nuts and seeds used should be reduced. People on all-raw-food diets usually require fewer concentrated proteins. Obviously during a fast, protein is not being supplied by the diet, and minimum protein needs are met through the process of autolysis, as the body disintegrates the least important tissues, and salvages nutrients to meet its needs. So long as the fast is not continued after reserves are depleted, nitrogen balance will not be affected. It is true that, subsequent to the fast, the body will have lost much of its store of protein, which must be gradually replaced in the weeks and months following the fast. As quoted in the lesson, Chittenden says that, although, after the fast, the body is greatly in need of replenishment of its protein stores, it can replace them only slowly, even though the person eats abundantly of protein food.

What do you mean when you refer to the pathogenic debris of cooked food?

A study by Swiss scientist, Paul Kouchakoff, M.D. (in the 1940s), revealed that leukocytosis is caused by a preponderance of cooked food in the diet. Leukocytosis—the augmentation of the number of white corpuscles, and the alteration of the correlation of the percentage between them—was formerly considered to be a normal physiological phenomenon, since it seemed to occur after every consumption of food.

An excessive number of white corpuscles in the blood (leukocytosis) also occurs in response to inflammation, the presence of excessive numbers of bacteria, and is, in reality, a *pathological* phenomenon

The white corpuscles are the defense organisms of the blood that prevent intoxification of the blood by bacteria, cooked food, or other toxic materials.

Kouchakoff found that pressure cooked foods produced greater leukocytosis than other types of cooking; and that wine, vinegar, and white sugar produced even more. Prepared or processed meats (cooked, smoked, salted) brought on the most violent reaction, equivalent to the leukocytosis count in poisoning.

"After the consumption of fresh raw foodstuff, produced by nature, our blood formula does not change in any lapse of time, nor in consequence of any combination." (Viktoras Kulvinskas, *Survival Into the 21st Century*, p. 316.)

When the diet is comprised of more than 20% of food that has been altered by high temperatures or other complicated treatments, leukocytosis is the result. Most people can tolerate a diet of 80% raw food, with 20% of conservatively cooked food. The largely raw food diet will offset the adverse effect of a small amount of cooked food, so as not to cause leukocytosis.

Kouchakoff's conclusions were reached after more than three hundred experiments on ten individuals of different ages and sex.

Article #1: Breaking the Fast By Dr. Herbert M. Shelton

An important fact that needs emphasis is that fasting is a very much more complicated process than is commonly supposed, even by its advocates. There is much more involved in the process than merely going without food. There is an art of fasting, but, if this art is to be properly executed, it must be based on the science of fasting. Its uses seem, at times, to be almost unlimited, its inconveniences are not great, its dangers are few and rarely seen, but for the most satisfactory results, it must be conducted by one skilled in its application. It is too vital and too important to be carried out indifferently. It is not a process that should be left to the guidance of those who have but limited knowledge of its proper conduct and who have had no experience in conducting fasts. Breaking the fast is one of the most important elements of the fast.

It is possible to break a fast on any food that is available—bread, flesh, eggs, nuts, etc.—providing a few simple precautions are observed. Animals follow none of our routines in breaking their fasts. They eat whatever is at hand and do not regularly stint themselves at their first meal. From this, it may be thought that we are unduly cautious, but I do not think so. Not only are there differences between what the animal does and what the average patient tends to do, if turned loose, but there seems to be great differences in digestive power, in favor of the animal. There is also the possibility that the animal would preserve more of the benefits of the fast if it broke the fast more carefully.

We do not employ the foods previously mentioned in breaking a fast for the reason that better means of breaking the fast are available to us. At the end of a long fast, digestive secretions are not abundant and small meals or small amounts of food are advisable. The amount of food fed to the patient is increased as secretion becomes more abundant. When this rule is observed, there is little difficulty in breaking a fast and no danger in doing so.

The proper conduct of the fast is vitally important. There are really very few practitioners of any school who know how to conduct a fast or how to properly break one. A naturopath in New York City broke the fasts of a mother and a daughter, who had been fasting sixteen and thirteen days respectively, on chocolate candy. The gastric and intestinal acidity resulting from this caused great distress thoughout their bodies. I was called in one these cases, and it required four to five days of fasting to get them back into a comfortable condition. This method of breaking a fast is nothing short of criminal.

A friend of my wife describes to me how she fasted seventeen days under the direction of a chiropractor

in California and worked hard during the fast. She worked for the chiropractor and he would not permit her to leave from work while fasting. He broke her fast with toast and acid fruit. This woman immediately developed a case of malnutritional edema. This is one of the few cases of this kind I have ever known to follow a fast.

This case should thoroughly emphasize the necessity of placing one's self under the care of a competent and experienced person, if one is to take a long fast. A chiropractor who knows nothing of either fasting or dietetics, and few of them know anything of either of these, and who experiments with patients in this manner, cannot be too strongly condemned. If chiropractors want to practice Hygienic methods, let them qualify themselves for this by proper training. This goes also for osteopaths and medical men. I would not attempt a surgical operation without first qualifying myself for the work, and I am certain that no chiropractor, osteopath, or medical man should attempt a long fast, or attempt to employ any other Hygienic method without first equipping himself for the work. Chiropractors who go to school and learn to punch spines and then, finding spine punching to be inefficacious, attempt to prescribe diet, etc., after reading a book or two on these methods, are in the same position as would be the medical man who attempted to "adjust" spines after reading a book on chiropractic. He is really dishonest and untrustworthy.

Dr. Wm. F. Harvard records the following cases: "A young man of twenty-four years of age who had suffered from chronic constipation and indigestion, fasted 27 days after reading an article in a popular health publication. On the 28th day he ate a meal of beefsteak, potatoes, bread, and butter and coffee. He was seized with violent vomiting spells and could not tolerate even a teaspoonful of water on the stomach. When called on the case, I discovered an intense soreness of the entire abdomen and every indication of acute gastritis." "A young man about 30 who had fasted on his own initiative for 42 days attempted to break the fast on coarse bread with the result that vomiting occurred and the stomach became so irritable that nothing could be retained. There was marked emaciation and extreme weakness and every indication for immediate nourishment."

An Associated Press dispatch dated August 28, 1929, recounts the death of Chris Solbert, 40-year-old art model, following a 31-day fast, which he broke by "consuming several sandwiches." The sandwiches, a later report said, contained beef. Ignorance and lack of self-control killed this man. The dispatch tells us that "his fast (of 31 days) had reduced him from 160 to 85 pounds," or an average loss of more than two pounds a day. This loss I believe to be impossible. The average losses for a fast of such length vary between 25 and 36 pounds.

"Professor" Arnold Ehret tells of seeing two cases killed by injudicious breaking of the fast. He says: "A onesided meat-eater suffering from diabetes broke his fast which lasted about a week by eating dates and died from the effects. A man of over 60 years of age fasted 28 days (too long); his first meal of vegetarian foods consisting mainly of boiled potatoes."

Ignoring the absurd explanation for these deaths, given by the "professor," we would say that the diabetic patient threw too much sugar (from the dates) into his body and died as a result of hyperglycemia. He probably passed out in a diabetic coma. He explains that the second patient fasted too long for a man of his age, and that an "operation showed that the potatoes were kept in contracted intestines by thick, sticky mucus so strong that a piece had to be cut off and the patient died shortly after the operation." "Professor" Ehret was so fond of mucus he could never see anything else. This fast was badly broken but the patient, in all likelihood, would have lived had he not been operated on. The fast was not too long for a man of that age. "Professor" Ehret really knew but little of either fasting or dietetics.

These cases help to influence many against fasting and yet they are the results of the worst type of ignorance and inexperience. Who but an ignoramus would feed a diabetic case a meal of dates after a week of fasting? Surely fasting cannot be blamed for this result. Before we talk of the "evils" and "dangers" of fasting, let us be sure that these really belong to fasting and not to something else.

Sinclair says: "I know another man who broke his fast on a hamburger steak, and this is also not to be

recommended." I had one patient break a fast of over 20 days by eating a pound-and-a-half of nuts the first day. Although no harm, not even slight discomfort, came from it in this particular case, this method of breaking a fast is certainly not to be recommended generally.

In some cases of fasting where efforts are made to feed the patient towards the latter end of a prolonged fast, but before hunger has returned, there has been noted a failure of the stomach to function. Dr. Dewey mentions such cases, who were induced by friends or physicians to eat, and who were absolutely unable to digest food but vomited everything eaten. Fasting was resumed and continued until the return of natural hunger, with the result that digestion proceeded nicely.

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Article #2: Fasting Not a Cure By Dr. Herbert M. Shelton

In 1959, a veterinarian who was employing fasting in the care of his animal patients and had done experimental work with fasting, wrote me: "In running down Dr. Pochedly's bibliography on fasting, I find that an extensive amount of fasting was done by medical men and osteopaths as recent as 1930, with excellent results being obtained in many symptom-complexes—the greatest factor in the subsequent failure of the laudation of fasting seems to lie in the fact that no one knew how to direct the patient to live so that he would not sink back into his symptom-complexes. Nothing is said about removal of causes."

The doctor here puts his finger on a vital point. The after-care of the faster is every bit as important as the proper conduct of the fast itself. All of the benefit derived from a lengthy fast may be wiped out in a few weeks or in a few months by improper living following the fast. The assumption, so commonly made, that fasting is a cure and that all one has to do is to fast and he will be well, has resulted in many failures. It is important to understand that health is rebuilt by a total way of life of which fasting is but a part.

It is also important to know that fasting does not make one proof against the effects of wrong ways of life. If one is addicted to smoking or drinking alcoholic liquors, the fast will not enable him to continue these practices with impunity. Only *"cures"* hold out to man the hope of recovery from the effects of causes while these causes are still in operation. Only *"immunizers"* hold out to man the hope of being made cause-proof. *"Cures"* and *"immunizers"* are *thaumaturgic* processes—they belong to voodooism, not to science.

The doctor's statement underscores the importance of proper supervision of the fast and the subsequent program of living which is vitally essential to full results. It also, by inference, stresses the importance of education in correct ways of living. Not merely should one eat correctly following a fast, but one's whole pattern of life should be brought into harmony with natural law. If this is not done, the results of the fast will not be lasting.

It is important, in this connection, to emphasize the fact that, if one is to maintain the gain made during a fast, one must rigidly adhere to a Hygienic plan of living, at least, sufficiently long to consolidate the gains made. Were it possible to wipe out the effects of a lifetime of wrong living by a few days to a few weeks of fasting and completely restore health by this means alone, it would mean that the wrong living was not so bad after all. It would mean that one may drink, smoke, overeat, overindulge, and neglect himself to his heart's content, and then take a fast and wipe the slate clean. Only cure-mongers would

hold out such a promise and false hope to the suffering.

Altogether too many members of the *cure*-oriented schools of so-called healing have dabbled in fasting. It is a matter in which they are untrained and for which they are unqualified. No amount of training in drug therapeutics, in manipulations, in spinal adjusting, in electro-therapy or in surgery can possibly qualify a man to conduct fasts. Fasting is a subject that must be studied and in which one should have guided experience, before attempting to conduct a fast.

Article #3: Breaking a Fast by Dr. Herbert M. Shelton

In his personal account of his fast of thirty-one days which he underwent in the Carnegie Institute in 1913, Prof. Levanzin says: "I have put under experiment nearly all the systems for breaking a fast. The *how* is as dangerous as the when. To mine I have added the experience of my wife, my daughters and of many of my friends. After a mature and long meditated study of physiological principles tested by practical methods, I think that I have arrived at the right solution. I had the intention of giving my system a thorough test during the breaking of this last fast, but I could not do it as I had to follow unwillingly somebody else's inflexible will."

The professor states his case when he states that the *how* of breaking a fast is as dangerous as the *when*. Breaking a last is very easily and simply done and there need be no danger associated with the process. A few simple rules need to be observed in all cases and the need for these is in proportion to the length of the fast and the general state of the faster. Many fasters have harmed themselves, and in a few cases have ended their lives by eating too much or by eating unsuitable foods and food mixtures.

Prof. Levanzin says, "Dr. Goodall, who was in charge of me during the fast from the medical point of view, insisted on having my fast broken on 'clam broth' and 'beef tea!!!' And because I told him that these would kill me he and Dr. Benedict gave up and put all the responsibility on my shoulders. I took it and broke the fast successfully without any inconvenience although it was afterward spoiled at the hospital."

It is not likely that clam broth and beef tea would have killed the professor, although, from where I sit, neither of these two slops is suitable human food under any circumstance of life. For death to have resulted from breaking his fast on clam broth and beef tea, he would have had to consume them in inordinately large quantities. Without proper supervision in breaking a fast, the individual may eat too much or too often or he may eat unsuitable food and bring harm upon himself.

In considering the inappropriateness of some foods and food mixtures for breaking a fast Upton Sinclair wrote, "Since leaving the Macfadden Healthatorium, I have at various times had occasion to fast, and have tried other articles of food upon which to break the fast. While I was down in Alabama, I took a twelve-day fast, and at the end I was tempted by a delicious large Japanese persimmon, which had been eyeing me from the pantry shelf during the whole twelve days. I ate that persimmon—and I mention that it was thoroughly ripe; in spite of which fact it doubled me up with the most alarming cramp—and in consequence I do not recommend persimmons for fasters. I know a friend who had a similar experience from the juice of an orange; but he was a man with whom acid fruit has always disagreed. I know another man who broke his fast on Hamburg steak; and this also is not recommended. I have another friend who fasted a week and broke the fast with rice and soft boiled eggs, and this friend also got no benefit to speak of from the experience, although the foods agreed with her perfectly and she had no temptation to overeat. This is about what I should have expected, as my own experience has led me to

believe that the worst food that people eat are those highly concentrated pasty things which are deficient in natural salts and contain no waste to keep the intestines active. A person can eat food like eggs and rice for weeks and never have a movement of the bowels. I know it, because I have done it; and I can give myself as durable a headache by that means as other men can get with a hamper of champagne."

Macfadden broke fasts with fruit juices and followed this with the milk diet. This diet was very popular as the milk was taken every half hour during the day and fully satisfied the keen sense of hunger that follows a fast and provided for a rapid gain in weight. Macfadden says he has seen gains of three pounds a day and records he has seen instances of gain of twenty-five pounds in a week following a fast by means of the milk diet. My own observations of and experiences with the milk diet coincide with his. I have seen gains of three pounds a day and ten pounds a week. I saw one man gain twenty pounds in one week. The milk diet was not discontinued because of a loss of popularity, but because the dairy industry made it increasingly difficult to obtain raw milk, and because it was found impossible to obtain the same desirable results with pasteurized milk.

The weight gained on the milk diet was in large measure due to overloading the body with fluid, as shown by the puffiness of the face, feet, and ankles and the speed with which it was lost when the milk diet was discontinued. The milk diet overworked the heart, the digestive system, and the kidneys, and increased blood pressure. It was not an ideal diet with which to follow a fast.

In my recent book, *Fasting for Renewal of Life*, I have emphasized the fact that fasting animals in wild nature break their fast upon whatever food the season and locality afford. They do not have the advantage of electric machines to express the juice from foods, but eat their food whole. Man may do the same. A fast may be broken on any wholesome food that is available. Greater caution is required with some foods than with others. The chief requirement is simplicity and a small quantity at a time. If fed in great quantity or too often, the most suitable food may give trouble. Individual articles of food that may give no trouble in the great majority of cases, may give trouble in an occasional case. I have never broken a fast with persimmons but I doubt that most people would suffer cramps, as described by Sinclair, were we to break their fast with persimmons. The case is different with pineapple. This fruit frequently takes the skin off the lips and tongue of the eater. While I have never broken a fast with pineapple, I have fed pineapple two and three days after breaking a fast, and find it frequently causes distress in the stomach in addition to peeling the lips and tongue. Such experiences bring up the question: Is pineapple a suitable food for man?

Prof. Levanzin says: "I break my fast on acids and carbohydrates followed immediately by protein food. The ease and rapidity with which tissues are rebuilt, without any untoward accidents, is really astounding."

He gives no details about his technique of breaking a fast and we cannot do more than suggest that perhaps his plan of breaking fasts was not ideal. If he mixed the acids and carbohydrates together or if he mixed the carbohydrates and protein, his post-fasting feeding program could have been greatly improved.

It has been contended by many, the fast should be broken upon the food craved by the faster. The faster is likely to crave the foods he was in the habit of eating before he underwent the fast or he may crave some item of food that he sees or sees a picture of while the fast is in progression. The craving may be psychologically rather than physiologically conditioned. It will be better to break the fast upon some simple food the wholesomeness of which is undoubted, such as an orange, or a tomato, or a peach, or a plum, or a small piece of watermelon.

Article #4: When to Break the Fast

Early Hygienists said: when your tongue is clean, your rest peaceful, your skin clear, your eyes bright, there is no more pain, and you are very sharply hungry, you may select from the store of wholesome articles of food described in works of Hygiene, that which pleases you and eat with moderation. That is sound advice, but hardly detailed enough. The usual indications for breaking the fast (these help to determine the dividing line between fasting and starving) areas follows:

1. *Hunger* invariably returns.
2. The *breath*, which during all or most of the fast has been offensive, becomes sweet and clean.
3. The *tongue* becomes clean. The thick coating which remained on it throughout most of the fast vanishes.
4. The *temperature*, which may have been subnormal or above normal, returns to exactly normal, where it remains.
5. The *pulse* becomes normal in time and rhythm.
6. The *skin* reactions and other reactions become normal.
7. The *bad taste* in the mouth ceases.
8. *Salivary secretion* becomes normal.
9. The *eyes* become bright and eye sight improves.
10. The *excreta* loses its odor. The *urine* becomes light.

Besides the usual signs that it is time to break the fast, Prof. Levanzin lists a feeling of cheer and elation as a manifestation that the time has arrived for the termination of the fast. I cannot do better than quote Carrington's description of the feelings of the patient at this state. He says (*Vitality, Fasting and Nutrition*, p. 544), "A sudden and complete rejuvenation; a feeling of lightness, and good health steals over the patient in an irresistable wave, bringing contentment and a general feeling of well-being, and of the possession of a superabundance of animal spirits." Circulation improves, as is seen by the resumption of the normal pinkness under the fingernails. The increased rapidity with which the blood flows back into the skin when this has been forced out by pressure, is another indication of the rejuvenating effect of the finished fast."

The primary indication that the fast is to be broken is the return of hunger; all the other indications which I have enumerated are secondary. Often one or more of these secondary signs are absent when hunger returns, but one should not refrain from breaking the fast when there is an unmistakable demand for food, merely because the tongue, for example, is not clean. Inasmuch as all the signs do not invariably appear in each case, do not hesitate to break the fast when hunger returns.